**（Form１）**

FY2023 Saga University Strategic PS Project Application Form

YYYY MM, DD

Director, Center for Promotion of International Exchange

Applicant (Representative Applicant)

Department

Occupation

Name

I hereby apply as follows.

|  |  |
| --- | --- |
| 1. Universities with Exchange Agreements（Country・Region） |  |
| 2. Types | A International joint researchB International joint education |
| 3. Implementation Representative |  | 4. Affiliation・Position |  |
| 5. Implementation (tentative) | 〇〇 〇〇, 〇〇〇〇　～　〇〇 〇〇, 〇〇〇〇 |
| 6. CollaboratingDepartment |  |
| 7. International Joint (Educational) Research Agenda |  |
| 8. Implementation PlanBrief description based on requirements (1) through (7) | 【FY2023】 |
| 【FY2024】 |
| 【FY2025 and thereafter】 |
| 9. Number of Expected Participants | Number of participants（approx.）　　　　peopleBreakdowns、Number of faculty members and researchers　　　people,Number of students　　　people |
| 10. Organizational Structure | ※When multiple organizations or departments collaborate on a project, please describe the organizational structure on a separate sheet (Form 2). |
| 11. Expected Outcome |  |
| 12. Interactions and Research Achievement with Partner Organizations |  |
| 13. FY2023 SupportAmounts desired(up to 1,500 thousand yen) | Amount　　　　　　　　　　　　　　　yen　（Breakdowns）　honorarium 　　　　　　　　　　yen　travel expense　　　　　　　　　　yen　consumables 　　　　　　　　yen　miscellaneous 　　　　　　　　yen |
| 14. Status of application for other external funds, etc. |  |

※In case the information does not fit within the columns, lines may be added and pages may be increased as appropriate.

**（Form 2）**

FY2023 Saga University Strategic PS Project Application Form

|  |  |
| --- | --- |
| 1. Universities with Exchange Agreements（Country・Region） |  |
| 2. Organizational structure(If the project is to be implemented by more than one organization or more than one department, please specify) |  |

**（Form 3）**

Report on the FY2023 Saga University Strategic PS Project

YYYY MM, DD

Director, Center for Promotion of International Exchange

Applicant (Representative Applicant)

Department

Occupation

Name

I hereby apply as follows.

|  |  |
| --- | --- |
| 1. Universities with Exchange Agreements（Country・Region） |  |
| 2. Types | A International joint researchB International joint education |
| 3. Implementation Representative |  | 4. Affiliation・Position |  |
| 5. CollaboratingDepartment |  |
| 6. International Joint (Educational) Research Agenda |  |
| 7. Details of Implementation in FY2023 |  |
| 8. Number of participants\*Attach a list of participants (appendix) | Number of participants　　　　peopleBreakdowns、Number of faculty members and researchers　　　people,Number of students　　　people |
| 9. Results obtained through the project and future plans※Please provide 1-2 photos of the project implementation | 【Results】 |
| 【FY2024】 |
| 【FY2025 and thereafter】 |
| 10. Expenditure | Amount　　　　　　　　　　　　　　　yen　（Breakdowns）　honorarium 　　　　　　　　　　yen　travel expense　　　　　　　　　　yen　consumables 　　　　　　　　yen　miscellaneous 　　　　　　　　yen |
| 11. Status of application for other external funds, etc. |  |
| 12. Implementer Questionnaire |
| Satisfaction with the project (5 (very good) to 1 (very bad)):Was the cost of support appropriate (5 (very appropriate) to 1 (very inappropriate))?Do you wish to continue this project in the following year or later: Yes/NoOther comments: |

※In case the information does not fit within the columns, lines may be added and pages may be increased as appropriate.

※Please send photos that have been approved for use by the people in the photos, as they will be used for publicity to be disseminated both on and off campus. In addition, please send photo data (jpg or png). (Separate from the Word paste)